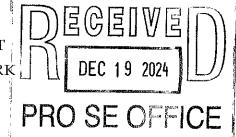
UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK



Kevin Walker

Write the full name of each plaintiff.

-against-

City of New York, Correction Officer Martinez M.

C.O. Petrus Q., C.O. King, C.O. James,

Andre Hooper

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

23 CV 6383 (LGS)

(Include case number if one has been assigned)

SECOND AMENDED COMPLAINT

(Prisoner)

Do you want a jury trial?

☑ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See <u>Federal Rule of Civil Procedure 5.2</u>.

V. STATEMENT OF CLAIM

Place(s) of occurrence: 9 MOD (95 Building) Rikers Island V.C.B, A/K/A the boat.

Date(s) of occurrence: <u>05/23/2023- 07/11/2023</u>

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

FAILURE TO PROTECT..EXCESSIVE FORCE:

I was transferred to V.C.B. A/K/A the boat on 5th June, 2023. While in dorm 3BB, and working as a pec porter on the 23rd June, 2023, I was cleaning the fan, I/I hooper, Andre B & C # 141-22-02269, got out his bed puts on his shoes and punch me in my face (3) times-received bruising and swelling to my face and head, and I was taken to medical.

I was taken to dorm 1BB against my will and the aggressor stayed in 3BB. After a couple of days in 1BB, I notice inmates and friend of hooper started verbally assaulting me.

On 3rd July, 2023, an I/I hurt me by punching me in my ribs and chest. I had to grab a chair to keep him back along with 10 other inmates, which started come and assisted him.

The dorm C.O. working on the floor petrus Q. (shield # 13393) give the I/I that punch me an object and he was coming towars me, so I ran to the dorm door and bang on it telling the C.O. in the bubble Martinez M. (shield # 5382) to open the door. But C.O., Martinez he refuse to open the door, eventually he did open. I ran between the two dorm 1BB and 1AB, and waited for the responding officers to take me out that place. Another I/I look thur the glass of 1AB and said "he is coming for me". He went back to his bed put on his shoes, arm himself and came to the door.

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	М.	Martinez		5382			
	First Name	Last Name		Shield #			
	Correction	0fficer	(White JeM	TeMale in the Bubble)			
	Current Job Title (or other identifying information)						
	V-C. B.C	ALLA the	ROAT.				
	Current Work Address						
	BROWN	N.	· · · · · · · · · · · · · · · · · · ·				
	County, City	State	9	Zip Code			
Defendant 2:	Q•	Petrus		13393			
	First Name	Last Name		Shield #			
	Correction Office	er (Black Fem	nale in her	30's)			
	Current Job Title (or oth						
	V. C. B.C	AKA the	Boach				
	Current Work Address						
	Bronx K.Y.						
	County, City	State	2	Zip Code			
Defendant 3:		King					
	First Name	Last Name		Shield #			
	Correction Officer (Slim Black from Carribean Island)						
	Current Job Title (or other identifying information)						
	18/8 Hazen Street,	Queens	N.Y.	11370			
	Current Work Address						
	County, City	State		Zip Code			
Defendant 4:	James	James					
	First Name	Last Name		Shield #			
	Correction Officer (Black Female						
	Current Job Title (or other identifying information)						
	18/8 Hazen Street,	Oueens,	N.Y.	11370			
	Current Work Address	•					
			00.00				
	County, City	State	!	Zip Code			

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IV. DEFENDANT INFORMATION

See Attached 5:

Defendant 5: Andre Hooper B&C #141-22-02269

All this time C.O.s, just looked on, both from 1BB and the bubble and 1AB
three in total, but they did not do nothing except for screaming at me and made
them to continue verbally abusing me, with words and jesture. What seems like
eternity, I had enemies on both sides. Finally the officers arrived and started
handling me like I was the aggressor, saying that "I am a trouble maker and I
started even the one in 3BB. I was taken to an intake cell. While in my cell I/I
hooper and the others from 1BB, with the one from 1AB came to my cell and further
threatening saying "we coming in that cell to kill you" I feared for my life.
Please, See Attach:
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
1) Fight on V.C.B.C. (Swelling Headaches, Bruising Sleep less nights)
(Reported to Medical on V.C.B.C. A/K/A Boat).
2) Fight in 9MODA (Swelling, Headaches, Bruising, Lumps, Eyes Hurting) Sleepless
Days and nights (Reported to medical on the Building Blocks.)
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
1) Disaplinary Action for employess of department of corrections.
2) \$2,000,000 in damages or what the law sees fit.

Tkank GOD C.O.s in intake did not open the cell door... which was electrically controlled. I was Emotionally and Mentally Distress.

After a few hours, it was 3 pm, all this started at 8 am, Sergents came and told me they taken me to a different dorm, I told them take me to Rikers Island cause I was already sentence. I was finally taken to Rikers Island.

Instead of placing me in a normal dorm I was place in C 17 of the 95 building in cell 2 with no bed, had to sleep on the floor for 3 days and 2 nights.

This the mental ward I was told, After been seen by a Nigerian DOCTOR, he found nothing wrong with me yet place me in 9MOD2, a mental ward.

FAILIURE TO PROTECT .. EXCESSIVE FORCE:

After been in that ward another inmate attack me, he was biting me all over my body. C.O King sprayed me 3 times in my eyes and the other I/I who was the aggressor in the fight did not get sprayed at all. It was not until 11 pm, 8 hours later Sergent demanded them to take me to medical.. I was in pain all over with cuts and bruises.

Another female C.O. that was working on the floor with King, he asked her why she did not spray? to which she reply her, "mace was not working properly".

On July 5 or 6 another inmate came to the dorm, he had a large knife he boubht from his last spot V.C.B.C. A/K/A the boat. I told the matter to C.O. James who the female C.O., in charge of 9MODA, but did nothing to help my situation. Because of the indifference of this and other officers I was forced to stay in this dorm with this guy who was armed until I was move to state prison.

This cause more server emotionally and further mental anguish. I called 311 numerous times, both in V.C.B.C. And Rikers Island. It is very difficult to report officers and inmates while in custody and everyone looking at you on the phone.

I ask the court to find these officers listed guilty of this conduct and award me monetary damages to which I am due.

I am still healing from the treatment I received from V.C.B.C. Glad its closed and Rikers 9 MOD A. Glad its close also.

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are

T	TROLE	D A OTO	$T \cap T$	~ TT	A Y'S #
I.	LEGAL	BASIS	ナしK	CL	A LIVE

-	er <u>42 U.S.C. § 1983</u> (agai ainst federal defendants		municipal defendants) or in a
☑ Violation of m	y federal constitutional	rights	
□ Other: _			
II. PLAINTII	FF INFORMATION		
Each plaintiff must	provide the following in	formation. Attach a	dditional pages if necessary.
Kevin	٧.	Walker	
First Name	Middle Initial	Last Nan	ne
•	nes (or different forms or reviously filing a lawsuit		ave ever used, including any name
# 23-B-3034			
	ı have previously been i (such as your DIN or NY		custody, please specify each agency
	,	,, -	,
<u>Gollins Correct</u> Current Place of De	ional Facility,		
current race or be	Certifori		
Middle Road, P.			
Institutional Addres	SS		
Collins		N.Y.	14034-0490
County, City		State	Zip Code
III. PRISONE	R STATUS		
ndicate below whe	ther you are a prisoner	or other confined pe	erson:
☐ Pretrial detaine	ee		
☐ Civilly commit	ted detainee		
☐ Immigration de	tainee		
Convicted and	sentenced prisoner		
☐ Other:			

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of <u>Federal Rule of Civil Procedure 11</u>.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, <u>42 U.S.C. § 1997e(a)</u>, and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12-03-202	24.		1	·h	ial	ce/		
Pated	~	Pl	ainti f f's	Sign	ature			
Kevin	\longrightarrow		WA	UC	EN	-		
First Name	Middle Initial	La	st Nam	e				
Collins Correctional	Facility, Midd	le Road,	P.O.	Вох	490,	Collins,	N.Y.	14034-0490
Prison Address								
Collins,		N.Y.				14034-	-0490	
County, City		State				Zip Code		.

Date on which I am delivering this complaint to prison authorities for mailing: 12 - 04 - 202 +

